

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**Karim Zahriya, M.D.**

**Physician's and Surgeon's  
Certificate No. G 75855**

**Case No.: 800-2023-095279**

**Respondent.**

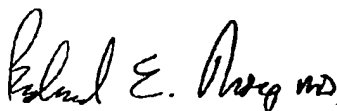
**DECISION**

**The attached Stipulated Settlement And Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on August 8, 2025.**

**IT IS SO ORDERED: July 10, 2025.**

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, M.D., Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
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*Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **KARIM ZAHRIYA, M.D.**  
14 **999 S. Fairmont Avenue**  
**Lodi, CA 95240-5100**

15 **Physician's and Surgeon's Certificate No. G**  
**75855**

16 Respondent.

Case No. 800-2023-095279

OAH No. 2025010118

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

17  
18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy  
25 Attorney General.

26 2. Respondent Karim Zahriya, M.D. (Respondent) is represented in this proceeding by  
27 attorney Dennis R. Thelen, Esq., whose address is: Law Offices of LeBeau Thelen, LLP  
28 P.O. Box 22077, Bakersfield, CA 93390.

1           3.     On or about January 11, 1993, the Board issued Physician's and Surgeon's Certificate  
2     No. G 75855 to Karim Zahriya, M.D. (Respondent). The Physician's and Surgeon's Certificate  
3     was in full force and effect at all times relevant to the charges brought in Accusation No. 800-  
4     2023-095279, and will expire on May 31, 2026, unless renewed.

5                                   **JURISDICTION**

6           4.     Accusation No. 800-2023-095279 was filed before the Board, and is currently  
7     pending against Respondent. The Accusation and all other statutorily required documents were  
8     properly served on Respondent on August 13, 2024. Respondent timely filed his Notice of  
9     Defense contesting the Accusation.

10          5.     A copy of Accusation No. 800-2023-095279 is attached as exhibit A and incorporated  
11     herein by reference.

12                                   **ADVISEMENT AND WAIVERS**

13          6.     Respondent has carefully read, fully discussed with counsel, and understands the  
14     charges and allegations in Accusation No. 800-2023-095279. Respondent has also carefully read,  
15     fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
16     Disciplinary Order.

17          7.     Respondent is fully aware of his legal rights in this matter, including the right to a  
18     hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
19     the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
20     to the issuance of subpoenas to compel the attendance of witnesses and the production of  
21     documents; the right to reconsideration and court review of an adverse decision; and all other  
22     rights accorded by the California Administrative Procedure Act and other applicable laws.

23          8.     Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
24     every right set forth above.

25                                   **CULPABILITY**

26          9.     Respondent understands and agrees that the charges and allegations in Accusation  
27     No. 800-2023-095279, if proven at a hearing, constitute cause for imposing discipline upon his  
28     Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2023-095279, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 75855 to disciplinary action.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## RESERVATION

13. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

## CONTINGENCY

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above entitled matter.

16. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2023-095279 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

17. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

18. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 75855 issued to Respondent Karim Zahriya, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for two (2) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65

1 hours of CME of which 40 hours were in satisfaction of this condition.

2 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
3 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
4 advance by the Board or its designee. Respondent shall provide the approved course provider  
5 with any information and documents that the approved course provider may deem pertinent.  
6 Respondent shall participate in and successfully complete the classroom component of the course  
7 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
8 complete any other component of the course within one (1) year of enrollment. The medical  
9 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
10 Medical Education (CME) requirements for renewal of licensure.

11 A medical record keeping course taken after the acts that gave rise to the charges in the  
12 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
13 or its designee, be accepted towards the fulfillment of this condition if the course would have  
14 been approved by the Board or its designee had the course been taken after the effective date of  
15 this Decision.

16 Respondent shall submit a certification of successful completion to the Board or its  
17 designee not later than 15 calendar days after successfully completing the course, or not later than  
18 15 calendar days after the effective date of the Decision, whichever is later.

19 3. PROFESSIONALISM PROGRAM (Patient Communication Course) Within 60  
20 calendar days of the effective date of this Decision, respondent shall enroll in a professionalism  
21 program or patient communication course approved in advance by the Board or its designee.  
22 Respondent shall participate in and successfully complete that program. Respondent shall provide  
23 any information and documents that the program may deem pertinent. Respondent shall  
24 participate in and successfully complete the classroom component of the course not later than six  
25 (6) months after Respondent's initial enrollment. Respondent shall successfully complete any  
26 other component of the course within one (1) year of enrollment. The professionalism program or  
27 patient communication course shall be at respondent's expense and shall be in addition to the  
28 Continuing Medical Education (CME) requirements for renewal of licensure.

1 A professionalism program or patient communication course taken after the acts that gave  
2 rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the  
3 sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition  
4 if the program would have been approved by the Board or its designee had the program been  
5 taken after the effective date of this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the program or not later  
8 than 15 calendar days after the effective date of the Decision, whichever is later.

9 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
10 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
11 Chief Executive Officer at every hospital where privileges or membership are extended to  
12 Respondent, at any other facility where Respondent engages in the practice of medicine,  
13 including all physician and locum tenens registries or other similar agencies, and to the Chief  
14 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
15 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
16 calendar days.

17 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

18 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
19 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
20 advanced practice nurses.

21 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
22 governing the practice of medicine in California and remain in full compliance with any court  
23 ordered criminal probation, payments, and other orders.

24 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
25 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
26 limited to, expert review, accusations, legal reviews, investigation(s), as applicable, in the amount  
27 of \$21,024.75 (twenty one thousand twenty four dollars and seventy five cents). Costs shall be  
28 payable to the Medical Board of California. Failure to pay such costs shall be considered a

1 violation of probation.

2 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
3 by a payment plan approved by the Medical Board of California. Any and all requests for a  
4 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
5 the payment plan shall be considered a violation of probation.

6 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
7 repay investigation and enforcement costs, including expert review costs.

8 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
9 under penalty of perjury on forms provided by the Board, stating whether there has been  
10 compliance with all the conditions of probation.

11 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
12 of the preceding quarter.

13 9. GENERAL PROBATION REQUIREMENTS.

14 Compliance with Probation Unit

15 Respondent shall comply with the Board's probation unit.

16 Address Changes

17 Respondent shall, at all times, keep the Board informed of Respondent's business and  
18 residence addresses, email address (if available), and telephone number. Changes of such  
19 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
20 circumstances shall a post office box serve as an address of record, except as allowed by Business  
21 and Professions Code section 2021, subdivision (b).

22 Place of Practice

23 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
24 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
25 facility.

26 License Renewal

27 Respondent shall maintain a current and renewed California physician's and surgeon's  
28 license.



1        Travel or Residence Outside California

2        Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
4 (30) calendar days.

5        In the event Respondent should leave the State of California to reside or to practice  
6 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
7 departure and return.

8        10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
9 available in person upon request for interviews either at Respondent's place of business or at the  
10 probation unit office, with or without prior notice throughout the term of probation.

11        11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
14 defined as any period of time Respondent is not practicing medicine as defined in Business and  
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
17 Respondent resides in California and is considered to be in non-practice, Respondent shall  
18 comply with all terms and conditions of probation. All time spent in an intensive training  
19 program which has been approved by the Board or its designee shall not be considered non-  
20 practice and does not relieve Respondent from complying with all the terms and conditions of  
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
22 on probation with the medical licensing authority of that state or jurisdiction shall not be  
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
24 period of non-practice.

25        In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
26 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

Respondent’s period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent’s certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent’s wallet and wall certificate to the Board or its

1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
3 application shall be treated as a petition for reinstatement of a revoked certificate.

4 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
5 with probation monitoring each and every year of probation, as designated by the Board, which  
6 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
7 California and delivered to the Board or its designee no later than January 31 of each calendar  
8 year.

9 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
10 a new license or certification, or petition for reinstatement of a license, by any other health care  
11 licensing action agency in the State of California, all of the charges and allegations contained in  
12 Accusation No. 800-2023-095279 shall be deemed to be true, correct, and admitted by  
13 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
14 restrict license.

15  
16 ACCEPTANCE

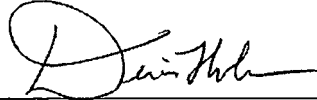
17 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
18 discussed it with my attorney, Dennis R. Thelen, Esq. I understand the stipulation and the effect  
19 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
20 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
21 Decision and Order of the Medical Board of California.

22  
23 DATED: May 5, 2025

  
24 KARIM ZAHRIYA, M.D.  
25 Respondent  
26  
27  
28

1 I have read and fully discussed with Respondent Karim Zahriya, M.D. the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
3 I approve its form and content.

4  
5 DATED: May 5, 2025



DENNIS R. THELEN, ESQ.  
*Attorney for Respondent*

7 **ENDORSEMENT**

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
9 submitted for consideration by the Medical Board of California.

10 DATED: 5/8/2025

11 Respectfully submitted,

12 ROB BONTA  
13 Attorney General of California  
14 STEVE DIEHL  
15 Supervising Deputy Attorney General



16 JANNSEN TAN  
17 Deputy Attorney General  
18 *Attorneys for Complainant*

19 SA2024302082  
20 38982454

**Exhibit A**

**Accusation No. 800-2023-095279**

1 ROB BONTA  
Attorney General of California  
2 MICHAEL C. BRUMMEL  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
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7

8 *Attorneys for Complainant*

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13 In the Matter of the Accusation Against:

Case No. 800-2023-095279

14 **Karim Zahriya, M.D.**  
999 S. Fairmont Avenue  
15 Lodi, CA 95240-5100

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
No. G 75855,  
17

Respondent.  
18

19  
20  
21 **PARTIES**

22 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
24 (Board).

25 2. On or about January 11, 1993, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number G 75855 to Karim Zahriya, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on May 31, 2026, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

1 (1) An initial negligent diagnosis followed by an act or omission medically  
2 appropriate for that negligent diagnosis of the patient shall constitute a single  
3 negligent act.

4 (2) When the standard of care requires a change in the diagnosis, act, or  
5 omission that constitutes the negligent act described in paragraph (1), including, but  
6 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
7 licensee's conduct departs from the applicable standard of care, each departure  
8 constitutes a separate and distinct breach of the standard of care.

9 (d) Incompetence.

10 (e) The commission of any act involving dishonesty or corruption that is  
11 substantially related to the qualifications, functions, or duties of a physician and  
12 surgeon.

13 (f) Any action or conduct that would have warranted the denial of a certificate.

14 (g) The failure by a certificate holder, in the absence of good cause, to attend  
15 and participate in an interview by the board no later than 30 calendar days after being  
16 notified by the board. This subdivision shall only apply to a certificate holder who is  
17 the subject of an investigation by the board.

18 (h) Any action of the licensee, or another person acting on behalf of the  
19 licensee, intended to cause their patient or their patient's authorized representative to  
20 rescind consent to release the patient's medical records to the board or the  
21 Department of Consumer Affairs, Health Quality Investigation Unit.

22 (i) Dissuading, intimidating, or tampering with a patient, witness, or any person  
23 in an attempt to prevent them from reporting or testifying about a licensee.

24 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
25 adequate and accurate records relating to the provision of services to their patients constitutes  
26 unprofessional conduct.

### 27 COST RECOVERY

28 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
administrative law judge to direct a licensee found to have committed a violation or violations of  
the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
included in a stipulated settlement.

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1 **FACTUAL ALLEGATIONS**

2 8. Respondent is a physician and surgeon, board certified in general surgery by the  
3 American Board of Surgery, who at all times alleged herein was practicing at the Adventist  
4 Delano Regional Medical Center (Adventist) in Delano, CA 93215.

5 9. On or about September 13, 2020, Patient A<sup>1</sup> presented to the Adventist Emergency  
6 Room (ER) at 31 years of age with complaints of abdominal pain with an onset of 9 hours prior to  
7 presentation. The pain was localized at the right lower quadrant and was associated with nausea  
8 and subjective fevers and chills. Patient A had a history of child-onset diabetes, high blood  
9 pressure, asthma, and morbid obesity with a weight of approximately 392 lbs.

10 10. An ER workup revealed that Patient A was hyperglycemic (blood sugar 302, Hgb  
11 A1C 13.4%), had an elevated WBC (11.8K), was mildly febrile (99.7), and had a CT scan that  
12 showed a dilated inflamed appendix most consistent with a non-ruptured acute appendicitis.

13 11. At approximately 11:08 p.m. the Physician Assistant in charge of Patient A consulted  
14 with Respondent. Patient A was given IV hydration and IV antibiotics and then admitted to the  
15 hospital on the hospitalist service that night, since Patient A had multiple active medical issues.

16 12. On or about September 14, 2020, at approximately 7:45 a.m., Respondent consulted  
17 on Patient A. Respondent examined Patient A, reviewed Patient A's lab work and imaging, and  
18 felt that even though Patient A was of moderate surgical risk from his co-morbidities, he would  
19 need a laparoscopic appendectomy later that day.

20 13. After obtaining surgical consent from Patient A, Respondent performed an uneventful  
21 laparoscopic appendectomy. Respondent's operative report documented that Patient A's  
22 appendix was thickened and inflamed consistent with a non-ruptured acute appendicitis.  
23 Respondent documented:

24 A 5-mm Visiport was used to enter the abdomen under direct vision in the  
25 left mid abdomen. The abdomen was insufflated to 14 mmHg with CO2. Camera  
26 was put in place. Under direct vision, a 5-mm port was placed in the left

27  
28 <sup>1</sup> Patient and provider names have been redacted to protect their privacy and shall be  
disclosed during discovery.

1 suprapubic area and a 10-mm port was placed in the left lower quadrant. The  
2 patient was placed in Trendelenburg position. The small bowel was moved out of  
3 the right lower quadrant exposing appendix with thickening and inflammation and  
4 fibrinous exudate at the tip. The appendix was lifted upwards exposing the  
5 mesoappendix. Mesoappendix was divided between hemoclips until the base of  
6 the appendix was reached. The appendix was divided using an endo GIA stapler.  
7 Hemostasis was then established with clips. The appendix was then placed in an  
8 Endobag. The right lower quadrant and pelvis were irrigated thoroughly. All the  
9 irrigant was thoroughly aspirated. The appendix was then pulled through the left  
10 lower quadrant incision without having to enlarge that incision. All the ports were  
11 then removed and abdomen deflated. The umbilical fascia was closed by tying 0-  
12 Vicryl stitch. All the skin incisions were infiltrated with Marcaine and closed with  
13 4-0 Monocryl. The patient was then awoken, extubated, and taken to recovery  
14 room in stable condition. The patient tolerated the procedure well. There were no  
15 complications.

16 14. On or about September 15, 2020, Respondent saw Patient A for a post-operative visit.  
17 Respondent felt that Patient A was doing well enough surgically to be discharged home later that  
18 day. Patient A was discharged by the hospitalist and scheduled for post-operative follow-up  
19 appointments with Respondent on September 22, 2020, and Patient A's primary medical  
20 physician on September 24, 2020.

21 15. On or about September 22, 2020, Respondent saw Patient A for a routine follow-up  
22 visit in his medical office in Porterville, CA. Respondent documented that Patient A was one-  
23 week post laparoscopic appendectomy and had no complaints. He added that Patient A was  
24 tolerating diet without nausea or vomiting. Respondent noted that Patient A's abdomen was soft,  
25 non-distended, and tender. Incisions were intact. There was no erythema or drainage.  
26 Respondent documented Patient A was doing well and that no further follow up was  
27 recommended.

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1           16. Patient A was subsequently seen by his primary care physician. Patient A  
2 repeatedly had said he was feeling "bad". Patient A became worse after the second post-  
3 operative appointment. Patient A was nauseated and in a lot of abdominal pain and was  
4 taken by ambulance to the Adventist ER.

5           17. On or about September 25, 2020, at approximately 2:00 p.m., Patient A  
6 presented to the Adventist ER. Patient A was febrile, tachycardic, tachypneic, and quite  
7 hypertensive. He was quickly evaluated and examined by a PA who was under the  
8 supervision of an on-duty ER physician. The PA wrote in his history and physical of the  
9 patient that Patient A presented with complaints of severe abdominal pain, more so in the  
10 left upper quadrant but on physical exam, however, the PA felt that he was more  
11 diffusely tender with questionable rebound and guarding. Initial lab work revealed that  
12 Patient A had a normal but left shifted WBC count, was quite hyperglycemic, and had an  
13 elevated lactate and a coagulopathy with an unexplained elevated international  
14 normalized ratio (INR)<sup>2</sup>. The criteria being met, a SIRS<sup>3</sup> alert was called at or around  
15 3:15 p.m.

16           18. Subsequently, an abdominal and pelvis CT scan was done and revealed an  
17 abnormal collection of extraluminal gas with inflammatory changes measuring  
18 approximately 6 x 3 x 5 cm, suspicious for phlegmon, and possibly an abscess. There  
19 was also more pneumoperitoneum (free air) in the abdomen than would be expected after  
20 a laparoscopic appendectomy 2 weeks prior and was most concerning for a bowel  
21 perforation. Soon after the CT scan results were received by the ER at 6:30 p.m., the PA  
22 in charge of the patient called Respondent, the surgeon on-call, to evaluate Patient A at or  
23 around 7:20 p.m. Soon thereafter, Respondent communicated with the PA

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26 <sup>2</sup> The international normalized ratio (INR) blood test that determines how long it takes for  
blood to clot.

27 <sup>3</sup> Systemic inflammatory response syndrome (SIRS) is an exaggerated defense response of  
28 the body to a noxious stressor (infection, trauma, surgery, acute inflammation, ischemia or  
reperfusion, or malignancy, to name a few) to localize and then eliminate the endogenous or  
exogenous source of the insult.

1 recommending a hospital admission to the hospitalist service and starting broad-spectrum  
2 antibiotics with no immediate plans for surgery.

3 19. At or around 8:00 p.m., Patient A was admitted to the Observation Telemetry  
4 Unit by the hospitalist on-call. Over the next 15 hours, Patient A continued to have  
5 temperature spikes (up to 102.9), worsening tachycardia and tachypnea with episodes of  
6 hypotension and progressive acute renal failure (AKI). Respondent failed to see Patient  
7 A or communicate with him or his family during this time.

8 20. On or about September 26, 2020, at approximately 10:16 a.m., Respondent  
9 saw Patient A and performed a History and Physical on him as part of his initial  
10 consultation. Respondent's overall impression was that Patient A's tachycardia,  
11 tachypnea, and hypovolemia could be explained by the finding of an intra-abdominal  
12 phlegmon and/or abscess causing sepsis. On the other hand, Patient A's recent history  
13 and a finding of only mild tenderness in the right mid abdomen on physical exam did not  
14 support a bowel perforation. Therefore, Respondent felt that there would be no need for  
15 any surgical intervention at that time.

16 21. On or about September 26, 2020, at approximately 12:15 p.m., the hospitalist  
17 intubated and subsequently transferred Patient A to the ICU due to worsening tachypnea  
18 and increasing respiratory distress. Over the next 7-8 hours, Patient A's condition  
19 continued to worsen with the progression of his AKI, coagulopathy (INR), increased  
20 lactate levels, and increased heart failure (elevated Brain Natriuretic Peptide (BNP) .  
21 Patient A progressed into septic shock requiring pressor support for persistent  
22 hypotension. At approximately 10:13 p.m., Patient A became unresponsive with no  
23 peripheral pulses and was asystolic. A Code Blue was called for a cardiac arrest. Patient  
24 A was aggressively coded for 19 minutes without success. Patient A was pronounced  
25 dead at approximately 10:32 p.m.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 22. Respondent, Karim Zahriya, M.D., has subjected his Physician's and Surgeon's  
4 Certificate No. G 75855 to disciplinary action under section 2227, as defined by section 2234,  
5 subdivisions (b), of the Code, in that Respondent committed gross negligence in his care and  
6 treatment of Patient A, as more particularly alleged hereinafter. Paragraphs 8 through 21, above,  
7 are hereby incorporated by reference and realleged as if fully set forth herein.

8 A. Respondent significantly delayed in seeing and examining Patient A, a high risk  
9 patient with multiple significant morbidities, who presented to the Adventist ER on September  
10 25, 2020 with sepsis from a serious intra-abdominal infection and a possible perforated viscous  
11 related to a prior recent laparoscopic appendectomy. Respondent failed to see and examine  
12 Patient A for at least 15 hours after he was urgently consulted by Adventist ER, and missed a vital  
13 opportunity to accurately and timely assess the seriousness of Patient A's illness, and evaluate  
14 Patient A for early surgical intervention.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Failure to Maintain Adequate and Accurate Medical Records)**

17 23. Respondent, Karim Zahriya, M.D., has subjected his Physician's and Surgeon's  
18 Certificate No. G 75855 to disciplinary action under section 2227, as defined by section 2266, of  
19 the Code, in that Respondent failed to maintain adequate and accurate medical records in the care  
20 and treatment of Patient A, as more particularly alleged in Paragraphs 8 through 21, above, which  
21 are hereby incorporated by reference and realleged as if fully set forth herein.

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1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
3 and that following the hearing, the Medical Board of California issue a decision:

4 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 75855,  
5 issued to Respondent Karim Zahriya, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Karim Zahriya, M.D.'s  
7 authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Karim Zahriya, M.D., to pay the Board the costs of the  
9 investigation and enforcement of this case, and if placed on probation, the costs of probation  
10 monitoring; and

11 4. Taking such other and further action as deemed necessary and proper.

12  
13 DATED: AUG 13 2024

14   
15 REJI VARGHESE  
16 Executive Director  
17 Medical Board of California  
18 Department of Consumer Affairs  
19 State of California  
20 Complainant

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